

# AUTOMOBILE POLICY CHANGE REQUEST

INSURANCE COMPANY				POLICY / BINDER NUMBER				<input type="checkbox"/> PERSONAL <input type="checkbox"/> COMMERCIAL							
1. INSURED'S FULL NAME AND POSTAL ADDRESS				2. BROKER'S NAME AND POSTAL ADDRESS											
				POSTAL CODE				POSTAL CODE							
CONTACT NUMBER HOME BUSINESS				CELL FAX				CONTACT NUMBER HOME BUSINESS				CELL FAX			
PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				BROKER CONTRACT NUMBER				BROKER SUB-CONTRACT NUMBER							
EMAIL ADDRESS				GROUP / PROGRAM NAME				GROUP ID							
WEBSITE ADDRESS				BROKER CLIENT ID				COMPANY CLIENT ID							
3. POLICY CHANGE DATE															
EFFECTIVE DATE				TIME		a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		EXPIRY DATE		AT 12:01 A.M.		ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.			
4. NAME / ADDRESS CHANGE															
<input type="checkbox"/> NAME CHANGED (REFER TO SECTION 1) GIVE REASON FOR CHANGE															
<input type="checkbox"/> ADDRESS CHANGED (REFER TO SECTION 1)															
5. VEHICLE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input type="checkbox"/> SUBSTITUTE: PREVIOUS V.I.N.															
VEH. NO.	YEAR	TRADE NAME / MAKE				BODY TYPE		V.I.N. (SERIAL NUMBER)							
MODEL OR C.C.	NO. OF CYLS.	TRUCK GROSS VEHICLE WEIGHT		PURCHASE PRICE INCLUDING EQUIPMENT			PURCHASED BY INSURED								
				\$			YEAR / MONTH		<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> DEMO						
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> BUSINESS	IS VEHICLE USED TO COMMUTE?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ KM ONE WAY			ANNUAL DISTANCE _____ KM		FUEL							
<input type="checkbox"/> B.I./P.D.	\$ _____ Limit	<input type="checkbox"/> ALL PERILS	\$ _____ Deductible	<input type="checkbox"/> INCOME REPLACEMENT	\$ _____ Limit										
<input type="checkbox"/> ACCIDENT BENEFITS	<input type="checkbox"/> COLLISION	\$ _____ Deductible	<input type="checkbox"/> CAREGIVER & DEPENDANT CARE												
<input type="checkbox"/> UNINSURED AUTOMOBILE / U.M.	<input type="checkbox"/> COMPREHENSIVE	\$ _____ Deductible	<input type="checkbox"/> MEDICAL, REHAB AND ATTENDANT CARE												
<input type="checkbox"/> D.C./P.D. (where applicable)	\$ _____ Deductible	<input type="checkbox"/> SPECIFIED PERILS	\$ _____ Deductible	<input type="checkbox"/> DEATH AND FUNERAL AND/OR INDEXATION BENEFIT											
<input type="checkbox"/> ENDORSEMENTS (S.E.F., Q.E.F., O.P.C.F.)															
6. ADDITIONAL INTEREST <input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE: VEHICLE V.I.N. _____															
								NATURE OF INTEREST							
								<input type="checkbox"/> LIENHOLDER							
								<input type="checkbox"/> LESSOR							
								<input type="checkbox"/> _____							
								POSTAL CODE							
7. OPERATOR <input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE: NAME _____ <input type="checkbox"/> SAME AS SECTION 1															
NAME (AS SHOWN ON DRIVER'S LICENCE)						DRIVER'S LICENCE NUMBER			SEX	MARITAL STATUS					
ASSIGNED VEHICLE V.I.N. (SERIAL NUMBER)				USE %	DATE OF BIRTH	LICENCE CLASS		DATE LICENSED	DATE LICENSED	DATE LICENSED					
OCCUPATION (where applicable)						DRIVER TRAINING COURSE* <input type="checkbox"/> YES <input type="checkbox"/> NO			*ATTACH DRIVER TRAINING CERTIFICATE						
CURRENT OR PREVIOUS INSURANCE COMPANY				POLICY NUMBER			RELATION TO INSURED								
CONVICTIONS DURING THE PAST 3 YEARS															
DRIVER NO.	DATE	DESCRIPTION		DATE	DESCRIPTION		DATE	DESCRIPTION							
ACCIDENTS OR SUSPENSIONS IN THE PAST 6 YEARS															
DRIVER NO.	DATE	DESCRIPTION		DATE	DESCRIPTION		DATE	DESCRIPTION							
COMPLETE "COMMERCIAL VEHICLE(S) SUPPLEMENT" FORM FOR A COMMERCIALLY RATED VEHICLE.															
8. REMARKS															
SIGNATURE OF INSURED (AS REQUIRED)								DATE:							
BROKER NAME (Please Print)				SIGNATURE OF BROKER				DATE:							